

FEE TRANSMITTAL

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Serhan
Group Art Unit	
Examiner Name	
Attorney Docket Number	DEP0546

FEE CALCULATION**CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	80 - 20 = 60	0	60 x 18.00	\$1080.00
INDEPENDENT CLAIMS	20 - 3 = 17	0	17 x 80.00	\$1360.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$3150.00

METHOD OF PAYMENT

Please charge Deposit Account No. 10-0750/ / in the amount of . Three copies of this sheet are enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ / . Three copies of this sheet are enclosed.

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Name	Thomas M. DiMauro	Reg. No. 35,490
Signature	<i>Thomas M. DiMauro</i>	Date: 3-30-01 Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Serhan et al

For : Intervertebral Connection System

jc971 U.S. PRO
09/822126
03/30/01Express Mail Certificate

"Express Mail" mailing number: EF354146965US

Date of Deposit: March 30, 2001

I hereby certify that this complete application, including specification pages, claims, informal drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Karen M. Day

(Typed or printed name of person mailing paper or fee)

Karen M. Day

(Signature of person mailing paper or fee)